

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019676

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 811C

FILED JUN 10 1963

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Springfield

Length of stay in 1b

37 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Springfield Baptist Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Christian

c. CITY  
OR  
TOWN

Garrison, MO

Inside Limits

Yes ☐ No ☒

d. STREET  
ADDRESS

(If outside, give location)

2 Miles SE

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

First

Marvin

Middle

Leon

Last

Applegate

4. DATE  
OF  
DEATH

Month

May 25,

Day

1963

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☐ Never Married

☒ Widowed

## 8. DATE OF BIRTH

2/19/1961

## 9. AGE (last birthday)

2

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

## 10b. KIND OF BUSINESS OR INDUSTRY

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## 11. BIRTHPLACE (City and state or country)

Branson, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Kenneth Leon Applegate

## 13b. MOTHER'S MAIDEN NAME

Joyce K. Case

## 14. NAME OF HUSBAND OR WIFE

none

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 17. INFORMANT

Address

Mr. Kenneth Applegate, Garrison, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Encephalomyelitis

#### INTERVAL BETWEEN ONSET AND DEATH

4 day

Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

May 21, 1963 to May 25

and last saw her alive on May 25, 1963

Death occurred at

6:00

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Deceased or Title)

Raymond A. Chubb, Jr. M.D.

## 22b. ADDRESS

Springfield, MO

## 22c. DATE SIGNED

6/1/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

May 28, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Chadwick Cemetery

## 23d. LOCATION (City, town, or county)

Chadwick, Missouri

## 24. FUNERAL DIRECTOR

J. Lee Harris,

ADDRESS

Ozark, Mo.

## 25. DATE RECD. BY LOCAL REG.

6-5-63

## 26. REGISTRAR'S SIGNATURE

Effie E. Meeton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4390

P. O. Address. Ozark, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.